PUBLIC DISCLOS	URE COMMISSION
	711 CAPITOL WAY RM 20
	PO BOX 40908
	OLYMPIA WA 98504-0908
	(360) 753-1111
	TOLL EDGE 4 077 CO4 202

## LOBBYIST REGISTRATION

DATE THE BOOK

	(360) 753-1111		L 1	NUA 05 SOJR			
	TOLL FREE 1-877-601-2828		(12/03)				
1.	Lobbyist Name	***	Business Tel	ephone Numbers			
	Alex Hur		Permanent	<b>)</b>			
	Permanent Business Address		Temporary (	<b>)</b>			
	8416 17 <sup>th</sup> AVE SW		Cell Phone ( or Pager	(206 ) 795-8047			
	City State	Zip	E-Mail Addre	SS			
	Seattle WA	98106	AlexH55@gmail.com				
2.	Temporary Thurston County address during legislative session		Employer's of purpose of or	ccupation, business or description of ganization			
3.	Employer's name and address (person or group for which you lobby) Seattle Education Access 6920 Roosevelt Way NE Suite 355, Seattle WA 98115		Non-profit organization delivering higher education opportunity and access				
4.	Name and address of person having custody of accounts, receipts, books or other lobbyist reports. (Person responsible for producing the annual L3 report)	documents which substantiate	E-Mail Add	ess			
	Anthon Smith	anth	non@seatt	leeducationaccess.org			
	6920 Roosevelt Way NE Suite 355, Seattle WA 98115	<u> </u>		g			
5.	What is your pay (compensation) for lobbying?	Description of employment (check one	or more boxes				
	\$ 3000 per month (hour, day, month, year)	Full time employee		☐ Sole duty is lobbying			
	Other: Explain:	☐ Part time or temporary employee ☐ Contractor, retainer or similar agree		☐ Lobbying is only a part of other duties			
6.	Are you reimbursed for lobbying expenses? Explain which expenses.	☐ Unsalaried officer or member of gro  Does employer pay any of your lobbyin	<u> </u>	ectly?			
	☐ Yes: \$ per	If yes, explain which ones.	<del>-</del> ,	•			
	☐ Yes: I am reimbursed for expenses. ☐ No: I am not reimbursed for expenses.						
7.	How long do you expect to lobby for this organization?						
	☑ Permanent lobbyist ☐ Only during legislative session	Other, Explain:					
8.	Is your employer a business or trade association or similar organization which lobbi	es on hehalf of its members? If "ves " at	tach a liet ehou	ung the name and address of each			
	member who has paid the association fees, dues or other payments over \$500 duri	ng either of the past two years or is expe	cted to pay ove	er \$500 this year.			
	<ul><li>☒ No</li><li>☐ Yes. However, no member has paid, pays, o</li><li>☐ Yes. The list is attached</li></ul>	or is expected to pay over \$500.					
9. tick	Does your employer have a connected, related or closely affiliated political action coets to fund raising events? If so, list the name of that political action committee.	ommittee which will provide funds for you	to make politic	al contributions including purchase			
	⊠ No						
10.	Yes. Name of the committee is:  If lobbyist is a company, partnership or similar business entity which employs other	s to perform actual lobbying duties, list na	me of each no	rson who will lobby (See WAC 300 20			
	<ol> <li>If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20- 143 and 144 for instructions.)</li> </ol>						
	,						
	Areas of interest. Lobbying is most frequent before legislative committee	Remarks:					
me	mbers or state agencies concerned with following subjects:  CODE SUBJECT CODE SUBJECT						
	01 ☐ Agriculture 09 ☒ Higher education 02 ☐ Business and consumer affairs 10 ☐ Human services						
	03 ☐ Constitutions and elections 11 ☐ Labor 12 ☐ Law and justice						
	05 ☐ Energy and utilities 13 ☐ Local government						
	resources - parks 15 Transportation						
	07 ☐ Financial institutions and insurance 16 ☐ Other – Specify: 08 ☒ Fiscal						
	CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.	EMPLOYER'S AUTHORIZATION: C	onfirming the e	mployment authority to lobby described			
12.	LOBBYIST'S SIGNATURE DATE	in this registration statement.  EMPLOYER'S SIGNATURE, NAME T	YPED OR PRI	NTED, AND TITLE .DATE			
	A IV	1/1/					